

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 2354-380						
<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____ Name: _____</p>								
<p>In re Application of Pera et al.</p> <table border="1"> <tr> <td>Application Number 10/574,885</td> <td>Filed 10/08/2004</td> </tr> <tr> <td colspan="2">For CELL SURFACE MARKER</td> </tr> <tr> <td>Group Art Unit 1644</td> <td>Examiner Michail A. Belyavskyi</td> </tr> </table>			Application Number 10/574,885	Filed 10/08/2004	For CELL SURFACE MARKER		Group Art Unit 1644	Examiner Michail A. Belyavskyi
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For CELL SURFACE MARKER								
Group Art Unit 1644	Examiner Michail A. Belyavskyi							
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>								
<p>The requested extension and appropriate entity fee are as follows (check time period desired):</p>								
<p><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) \$_____</p> <p><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) \$_____</p> <p><input checked="" type="checkbox"/> Second and Third month (37 CFR 1.17(a)(3)) - (\$555/\$1110) (\$490 – three month extension of time fee minus \$65 paid for one-month extension of time) \$ 490 _____</p> <p><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) \$_____</p> <p><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) \$_____</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p>								
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
<p>I am the <input type="checkbox"/> applicant/inventor</p>								
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p>								
<p><input checked="" type="checkbox"/> attorney or agent of record.</p>								
<p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>								
<p style="text-align: center;"><u>/Tate L. Tischner/</u> Signature</p> <p style="text-align: center;">Tate L. Tischner Typed or printed name</p>		<p style="text-align: center;">July 12, 2010 Date</p> <p style="text-align: center;">(585) 263-1363 Telephone Number</p>						
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>								
<p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p>								